



Alcohol and Drug Services

FOR PERSONS EXPERIENCING HOMELESSNESS



**LORI MILLER, LCSW
BEHAVIORAL HEALTH DIVISION MANAGER
DEPARTMENT OF HEALTH SERVICES**

Mission

To provide a culturally competent system of care that promotes holistic recovery, optimum health, and resiliency.

Vision

We envision a community where persons from diverse backgrounds across the life continuum have opportunity to experience optimum wellness.

Values

- Respect, Compassion, Integrity
- Client and/or Family Driven Service System
- Equal Access for Diverse Populations
- Culturally Competent, Adaptive, Responsive and Meaningful
- Full Community Integration and Collaboration
- Coordinated Near Home and in Natural Settings
- Strength-Based Integrated and Evidence-Based Practices
- Innovative and Outcome-Driven Practices and Systems
- Wellness, Recovery, and Resilience Focus

SERVICE LANGUAGES

Culturally competent and linguistically proficient behavioral health services are provided in many languages, including the following threshold languages other than English:

- Arabic
- Cantonese
- Hmong
- Russian
- Spanish
- Vietnamese

Bi-lingual/bi-cultural staff or interpreters available
at no cost to youth/families

Services provided for deaf and hearing impaired at no
cost to youth/families

2019 Sacramento County Point-in-Time Homeless Count

Every two years Sacramento County, its cities and the Sacramento Homeless Continuum of Care undertake an extensive effort to document every individual in the region experiencing homelessness during a twenty-four-hour period. This effort, known as the "Point-in-Time Homeless Count", provides a single-night snapshot of nearly all individuals and families staying at emergency/transitional shelters in the county, as well as unsheltered individuals, such as those sleeping outside, in tents or vehicles, under bridges, or other places not meant for human habitation.

5,570 Individuals Experiencing Homelessness

70% Unsheltered 30% Sheltered



12%
Children
under 18 years

8%
Youth
18-24 years

80%
Adults
25+ years



Homelessness has increased by an estimated **19%** in Sacramento County since 2017.

The percent of people experiencing chronic homelessness has decreased, especially among the unsheltered population (-7%).

93% of unsheltered respondents were originally from Sacramento or long-term residents.

County Per Capita Homelessness (Per 10k Residents)

91
San Francisco

58
Los Angeles

36
Sacramento

24
San Diego

- It is estimated that approximately 10,000 to 11,000 residents in Sacramento County will experience homelessness during 2019.



- Of the 5,570 people in the count, nine percent (9%) reported that their use of alcohol or drugs prevents them from keeping a job or maintaining stable housing.
- More generally speaking, 60% of respondents reported that they use alcohol or non-medical drugs, but only **15% of these respondents indicated that their use of substances affected their ability to hold down a job or have stable housing.**

What We Know:



Addiction is NOT a moral failing



Substance misuse is a preventable behavior



Prolonged use of substances changes the brain in fundamental and long lasting ways



Addiction is a chronic disease that requires treatment



TREATMENT WORKS!

DATA

Sacramento County Fiscal Year 2018-19 Individuals Receiving Alcohol and Drug Treatment Services Primary Drug of Choice

Primary Drug of Choice	All ADS Modalities (Medication Assisted Treatment, Detox, Outpatient, Residential) N=5,019	Detox, Outpatient, Residential Only N=3,474
	Percentage	Percentage
Opiates	41%	16%
Methamphetamine	25%	37%
Marijuana	11%	15%
Alcohol	19%	26%
Other Drugs	4%	6%
Total	100%	100%

Note: This does not represent an unduplicated count of individuals as multiple client admissions may occur annually.

SACRAMENTO COUNTY ALCOHOL AND DRUG SERVICES
CALIFORNIA OUTCOME MEASUREMENT SERVICE (CALOMS) TREATMENT SYSTEM
ADMISSION DATA FOR FISCAL YEAR 2018-19

TOTAL ADMISSIONS BY GENDER		
Admissions	Count	Percentage
Male:	2,611	52%
Female:	2,400	48%
Other:	1	0%
Total	5,012	100%

Primary Drug of Choice	Total Count	Male	Female	Other Gender	Homeless	Overall Percentage of Clients With This Drug of Choice	SERVICE MODALITIES				
							Adolescent Outpatient	Detox	NTP	Outpatient	Residential
Alcohol	930	459	471	-	235	19%	16	80	-	517	317
Cocaine	141	77	64	-	48	3%	2	13	1	70	55
Ecstasy	6	4	2	-	1	0%	-	-	-	4	2
Heroin	1,552	948	604	-	436	31%	3	78	1,117	202	152
Marijuana	540	333	206	1	93	11%	127	9	-	358	46
Methamphetamine	1,266	527	739	-	537	25%	13	118	6	706	423
Non-Prescription Methadone	13	6	7	-	1	0%	-	-	10	3	-
Other (Non-Specific)	40	18	22	-	-	1%	1	-	9	29	1
Other Hallucinogens	1	1	-	-	1	0%	-	-	-	1	-
Other Opiates/Synthetics	396	160	236	-	-	8%	-	2	324	42	28
Other Sedatives	7	5	2	-	-	0%	3	-	1	3	-
Other Stimulants	1	-	1	-	-	0%	-	-	-	-	1
Over the Counter	-	-	-	-	-	0%	-	-	-	-	-
Oxycontin	97	60	37	-	9	2%	-	1	70	17	9
PCP	1	-	1	-	1	0%	-	-	1	-	-
Tranquilizers (Benzos)	21	13	8	-	2	0%	2	-	2	14	3
TOTAL COUNTS	5,012	2,611	2,400	1	1,364	100%	167	301	1,541	1,966	1,037
TOTAL PERCENTAGES	100%	52%	48%	0%	27%		3%	6%	31%	39%	21%

BARRIERS TO ACCESSING CARE

- ✓ **Housing needs**
- ✓ **High rates of comorbidity**
- ✓ **Social isolation**
- ✓ **Safety concerns**
- ✓ **Fear or distrust of authority**
- ✓ **Lack of mobility and/or transportation**
- ✓ **Need for case management**



STIGMA

END THE STIGMA OF SUBSTANCE USE DISORDER

SUBSTANCE USE DISORDER AFFECTS EVERY ETHNIC, RACIAL, ECONOMIC, RELIGIOUS, AND AGE GROUP.

IT AFFECTS ALL OF US



1 in 7 people in the U.S. is expected to develop a substance use disorder at some point in their lives.*



Only 1 in 10 people with a substance use disorder receive any type of specialty treatment.*



Substance use disorder is treatable, recovery is possible. But many do not seek help because of the stigma.

HERE IS HOW YOU CAN HELP END THE STIGMA



Share your personal story about substance use disorder.



Educate yourself on the devastating effects of stigma.



Share messages of wellness, hope, and recovery.



Stop using hurtful language to describe those struggling with substance use disorder.

**Ending the stigma of substance use disorder
saves and improves lives.**

SACRAMENTO
COUNTY

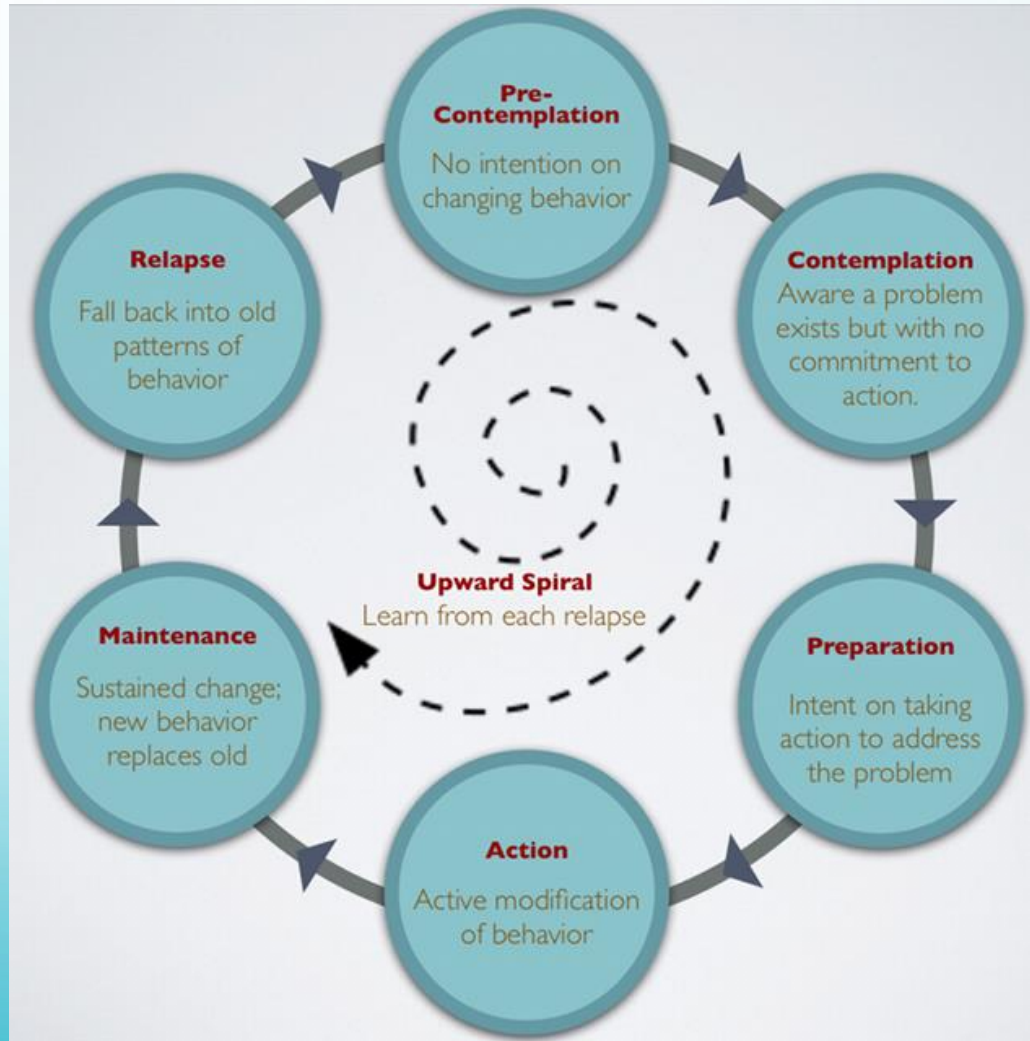
*The Surgeon General's Report on Alcohol, Drugs, and Health.

EFFECTIVE ENGAGEMENT SKILLS

- Expressing appreciation for survival skills as strengths and coping mechanisms.
- Understanding substance use and/or psychological symptoms from the person's perspective and understanding how those symptoms are interrelated.
- Addressing financial and health benefits as well as food, healthcare, housing, and other immediate needs.
- Expressing optimism that together a plan can be created that meets the person's needs.
- Empowering the person to set goals and create a plan for recovery and growth.

**helps with people who may not be ready for treatment or those who may be service resistant*

Stages of Change



Stages of Change

- The stages of change model addresses **psychological readiness for behavioral change and motivation**
 - Most people cycle through the stages more than once, and movement through the stages can fluctuate back and forth
 - **Most relapses to substance use occur within 3 months of behavior change; risk of relapse then begins to decline**
 - It is important to remember that people are often in different stages of change for different issues.
-

INTRODUCING TREATMENT AND RECOVERY

- Substance use starts because it gives pleasure and reduces pain
 - Denial is huge
 - Most substance users need help in entering treatment
 - The goal of intervention is to increase awareness of the adverse impacts
 - Strengthen that part of the person that wants to change
-

Alcohol and Drug Services Continuum of Care

- Prevention Services
- Outpatient Treatment
- Intensive Outpatient Treatment
- Residential Treatment
- Detoxification/Withdrawal Management
- Sober Living Environments
- Perinatal Services
- Specialty Courts

Handouts: *Continuum of Care FY 19/20*

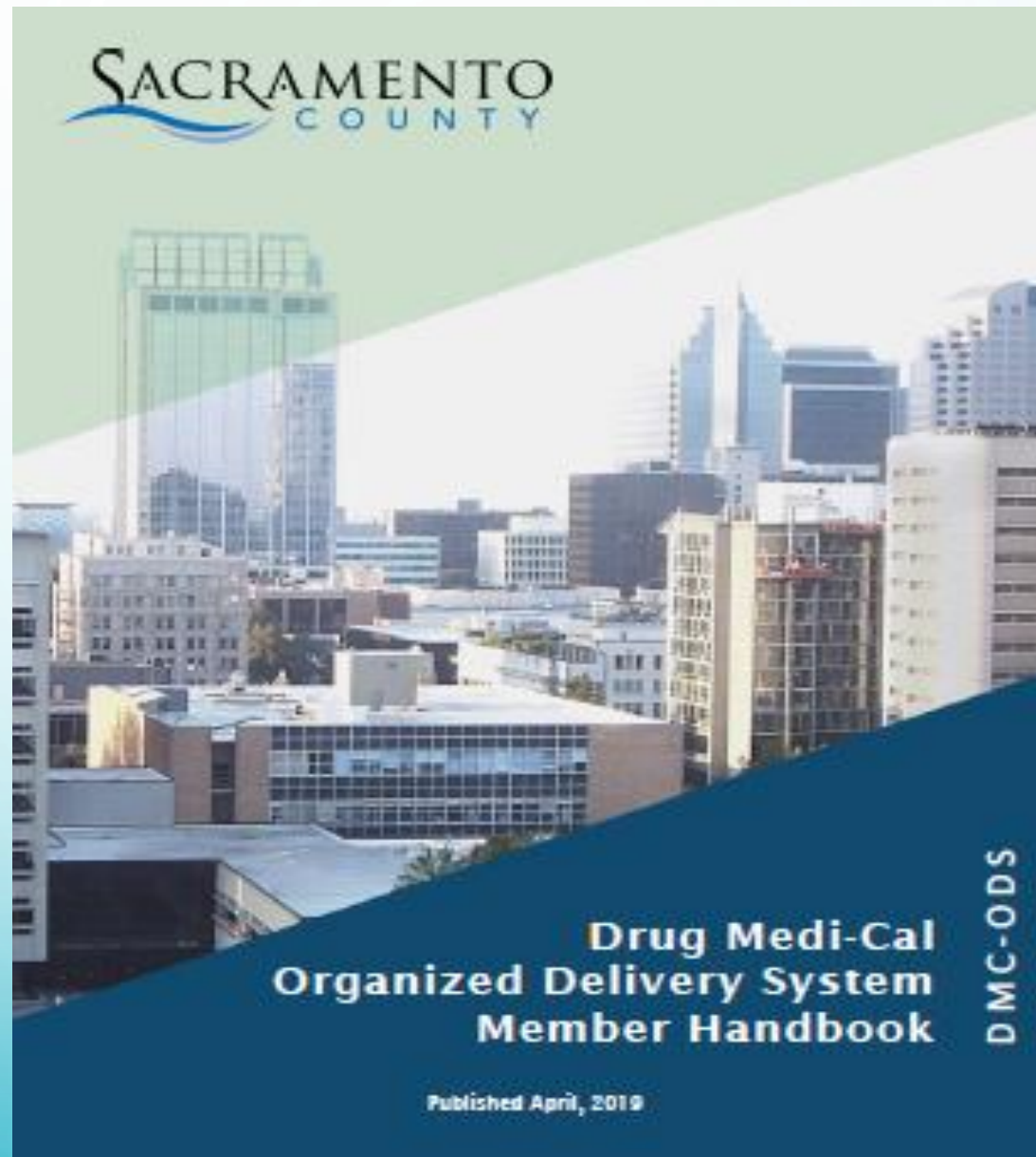
Alcohol & Drug Services Resource List/Provider Directory

Drug Medi-Cal (DMC) Organized Delivery System (ODS) Waiver

Started July 1, 2019

Goals:

- Improve Substance Use Disorder Services through an organized service delivery system
- Full continuum of multiple levels of funded evidence-based services
- Increase program oversight, compliance and quality assurance
- Improve coordination with other service systems



www.dhs.sacounty.net

Drug Medi-Cal Waiver Services & Requirements

BOLD = new services and
requirements

*Effective
July 2019*

Services

Early Intervention

Outpatient Services

Residential Treatment

Medication-Assisted Treatment (MAT)

Withdrawal Management

Additional Medication-Assisted Treatment (MAT)

Recovery Services

Case Management

Physician Consultation

Requirements

Coordination with Criminal Justice and Hospitals


Increased Quality Assurance

SERVICE BROCHURES

SACRAMENTO
COUNTY

Department of Health Services
Division of Behavioral Health Services

**Alcohol and Drug
Services**



**Adult
System of Care**

Telephone: (916) 874-9754

3321 Power Inn Road, Suite 120
Sacramento, CA 95826

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Department of Health Services
Division of Behavioral Health Services

**Alcohol and Drug
Services**



**Options for
Recovery**

Service Providers
Volunteers Of America
Strategies For Change

SACRAMENTO
COUNTY

**Alcohol and Drug
Prevention Services**



Department of Health Services
Division of Behavioral Health Services


Phone: 916-875-2050

Visit Us At: www.DHS.SacCounty.net

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Department of Health Services
Division of Behavioral Health Services

**Alcohol and Drug
Services**



**Youth
Treatment Services**

Telephone: (916) 875-2050

Brochures available on website and in alternate languages at:

<http://www.dhs.saccounty.net/BHS/Pages/GI-Provider-Resources-Forms.aspx>

ACCESS TO CARE

Assessment and Referral Access Points

- System of Care
- 24/7 Access Line
- Provider Sites
- Sacramento County Jail/RCCC
- Probation Department
- Primary Care Center
- Guest House Homeless Clinic
- Juvenile Court
- Youth Detention Facility
- Children's Receiving Home
- Wind Youth Services

Alcohol & Drug Services System of Care

Entry point for alcohol and drug
treatment services

Assessment and Referral to alcohol and
drug treatment service provider

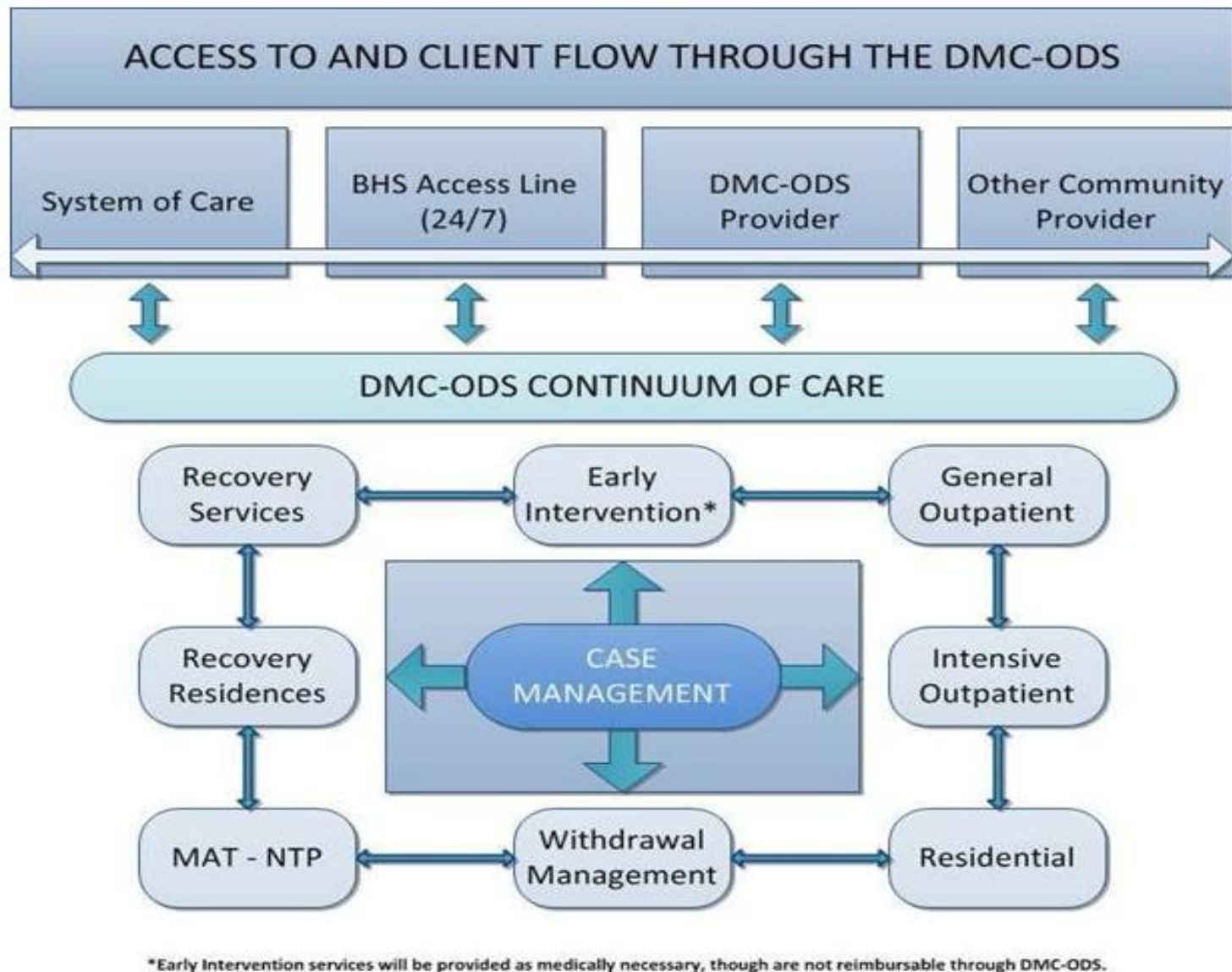
Monday – Friday
8:00 A.M. – 5:00 P.M.

Drop-In

3321 Power Inn Road, Suite 120
Sacramento 95826



(916) 874-9754



If you have further questions you can call:



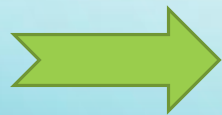
Sacramento County Alcohol and Drug Services
1-916-875-2050 (8:00 AM to 5:00 PM)



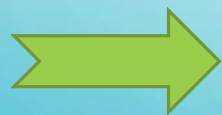
Sacramento County Member Services
Grievances
1-888-881-4881 (5:01 PM to 7:59 AM)



TTY 711 (California Relay Service)



Medical Emergency 911



Sacramento County Mental Health Access Team
1-916-875-1055 (8:00 AM to 5:00 PM)



*Department of Health and Human Services
Division of Behavioral Health*

ALCOHOL and DRUG SERVICES

Adult System of Care

3321 Power Inn Road, Suite 120
Sacramento, CA 95826
(916) 874-9754

Hours of Operation

8 a.m. to 5 p.m.

Closed on all Sacramento County Holidays

Who is **Eligible** for government assistance to help pay for alcohol and drug treatment?

- Must be a Sacramento County resident
- Must be 18 years old or older
- Uninsured or insurance does not cover treatment
- Not eligible for other funding streams
- Wants help for a substance use problem]

What do you need to **bring** to the Adult System of Care?

- Photo ID (such as CA Drivers License or CA Identification Card)
- The ID needs to show that you live in Sacramento County
- If the ID does not have a Sacramento County address, you must bring written proof of living in the County (such as a bill)
- If you are homeless and do not have ID, you will still receive an assessment

What happens when you come to the **Adult System of Care**?

- You will receive a confidential interview called an Assessment
- An assessment takes approximately one hour
- During the assessment, you will be asked about your current and past alcohol and drug use to determine treatment needs
- If you meet eligibility criteria for services, you may receive an authorization for Detoxification, Outpatient and/or Residential alcohol and drug treatment or other related services.
- There may be a wait list for some services, and you may be required to participate in activities during waiting periods to secure your treatment slot.
- You may be asked to provide a way to cover the cost of some services (such as cash aid or food stamps)

The Adult System of Care is located a block from a Regional Transit Light Rail stop.
(please refer to the map on other side).

FEDERAL PRIORITIES



Pregnant IV Drug Users

Pregnant

IV Drug Users

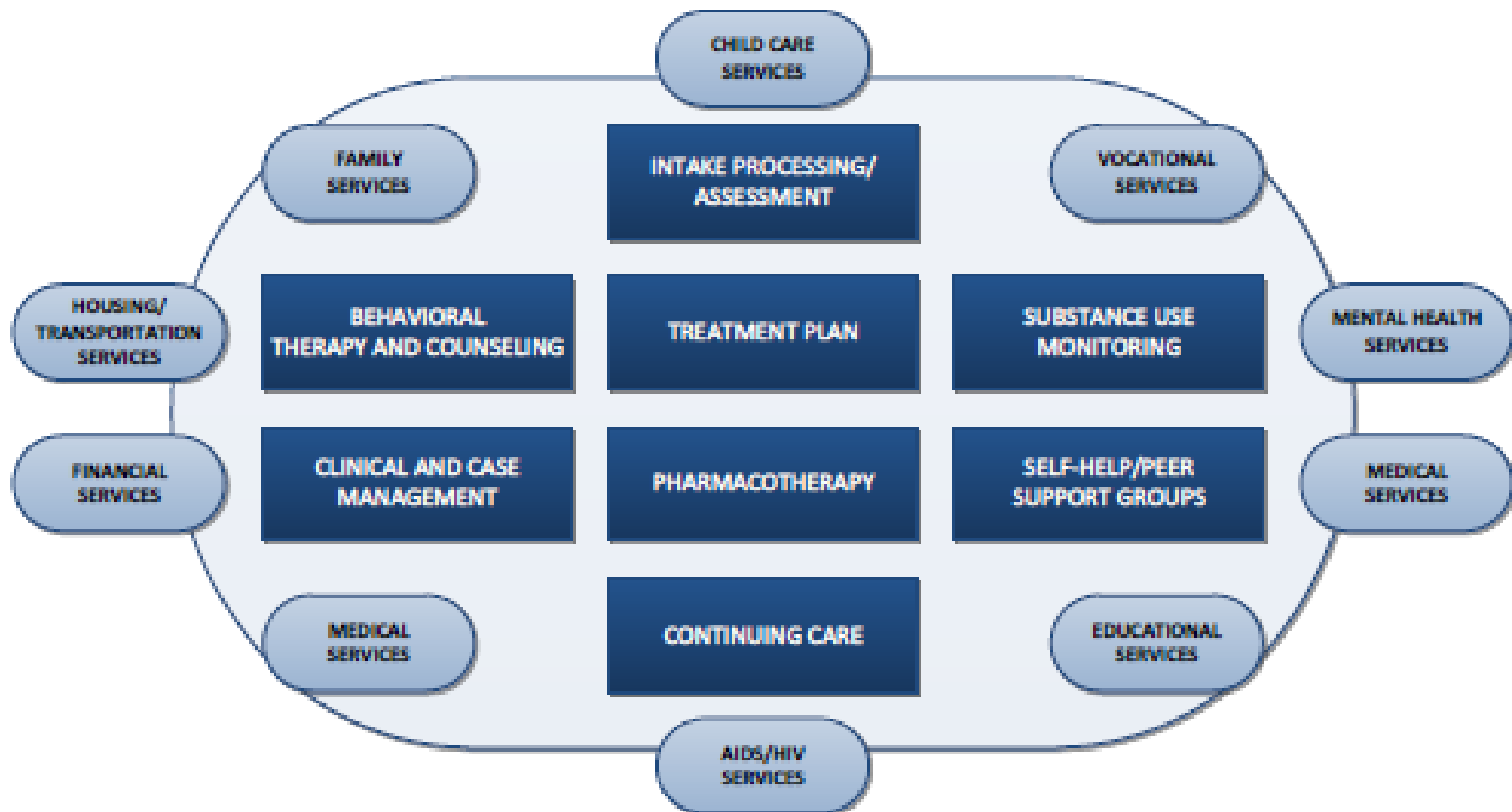
Multisystem Users
(CPS/Probation)



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COMPONENTS OF TREATMENT

Components of Comprehensive Drug Addiction Treatment
Effective treatment involves all of these components



HOUSING AS PREVENTION

- **Homelessness itself is a risk factor for mental illness and substance use disorders**, given the many life challenges and disruptions that people who are homeless face: for example, stress, loss of social connectivity, increased threats, harm through victimization and exposure, and deterioration of health.
- **Providing housing to people who are homeless can help prevent the exacerbation of substance use** and mental disorders or the transition from normal functioning to the first phases of problem development.

OUTPATIENT TREATMENT



Youth and Adults

Outpatient Treatment

Up to 9 hours per week of medically necessary services for adults and less than 6 hours per week of services for adolescents

Intensive Outpatient Treatment

A minimum of nine (9) hours and a maximum of 19 hours per week for adult perinatal and non-perinatal clients. Adolescents are provided a minimum of six (6) and a maximum of 19 services per week

Access Services Directly at DMC Certified Provider Sites or System of Care Access Locations

Length of Care: 1-90 days



Treatment on Demand



WITHDRAWAL MANAGEMENT/DETOX

- **Increased Demand for Withdrawal Management (Detoxification)**
 - **Detox Facilities for Adults (4 Providers)**
 - **Youth Detox in the Local Emergency Department**
 - **1-14 day length of stay depending on the substance**
 - **Access**
-

RESIDENTIAL TREATMENT

- **Increased Demand for Residential Treatment**
 - **Residential Treatment Facilities for Adults Only**
 - ***1-90 days length of stay***
 - **Currently Exploring Youth Residential Treatment Facility in Sacramento County System**
 - **Accessing Treatment**
-

SOBER LIVING ENVIRONMENTS RECOVERY RESIDENCES

- Increased Demand for SLE
- Non-DMC funded
- SLE Facilities for Adults Only
- Total Contracted Providers = 3
- Additional 15 units to were added in FY 2017-18 at Mather Campus
- 12-18 month length of stay
- Access through SOC Access Point Locations



Medication Assisted Treatment (MAT)

Number of MAT
Clients Served
Fiscal Year 2018-2019

1,541

- 5 Contracted MAT Service Providers (Methadone, Buprenorphine, Disulfiram, Naltrexone, Naloxone)
- 6 Locations – **Access Services Directly at Provider Sites**
- Jail/Correctional Settings
- MAT keeps people productive and in the workforce and helps stabilize and improve level of functioning

Opioids
and
Alcohol

ADDITIONAL SERVICES

- **Treatment on Demand**

All clients waiting for the next available detox or residential placement are referred to or can go directly to IOT or Interim Education groups

- **Interim Education Groups**

- Location: Adult System of Care (Power Inn)
- Weekly Group Session
- Provides Support if access delayed
- Groups allow clients to get/stay connected



Options for Recovery

- Comprehensive Perinatal Program
- Service on Demand
- Case Management
- SUD and MH Assessment
- Perinatal Assessment
- Outpatient, Detox, Residential Treatment and Sober Living
- Education about Continued Prenatal Exposure
- Linkage to Prenatal Care for Mom and Children



Other Options Services

Relapse Prevention and Support

Mental Health Assessment & Counseling

Health Education

WEAVE Groups

Help Getting out of Sex Trade Industry

Child Development

Parenting Classes

Self-Care and Living Skills

On-Site Child Play Care

Community Resource Referrals



Sacramento County Collaborative Drug Treatment Courts

- ***Adult Drug Court***
- ***Mental Health Court***
- ***Early Intervention Family Drug Court (EIFDC)***
- ***Dependency Drug Court (DDC)***
- ***Veterans Court***
- ***Re-Entry Court***
- ***DUI Treatment Court***
- ***Other Collaborative Programs***



Sacramento County Collaborative Drug Treatment Courts

- Collaborative Courts are one of the most promising strategies to address the complex issues facing people affected by SUDs
- Sac County collaborations in place and working for over past two decades with CPS, Superior Court, District Attorney's Office, Public Defender's Office, Probation, Behavioral Health Services, Community Based Providers
- SUD treatment, case management services, and judicial oversight
- Evidence-based, family-centered



SPECIAL TREATMENT CONSIDERATIONS

At Higher Risk:

- Female stimulant users (higher rates of depression; very high rates of previous and present sexual and physical abuse; responsibilities for children).
 - Injection users (very high rates of psychiatric symptoms; severe withdrawal and other medical problems; high rates of hepatitis).
 - Users who take stimulants daily or in very high doses.
 - Persons who are homeless, chronically mentally ill and/or with high levels of psychiatric symptoms at admission.
 - Individuals under the age of 21.
-

TREATMENT CONSIDERATIONS

Increased Service Demand

- Residential Treatment
- Detoxification Services

Limited Targeted Services for Persons who are HOMELESS

Access to Care

- Transportation (limited bus passes provided)
- Childcare

Need for capacity Building

No Youth Residential Facilities

RECOVERY

Recovery: A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential

Dimensions that support a life in recovery include:

Health: overcoming or managing one's disease(s) as well as living in a physically and emotionally healthy way.

Home: a stable and safe place to live.

Purpose: meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society.

Community: relationships and social networks that provide support, friendship, love, and hope.

12 STEP PROGRAMS

- ▶ Alcoholics Anonymous - 916-454-1100 (24 hr. Hotline) <http://aasacramento.org>
- ▶ Narcotics Anonymous - 800-600-HOPE (24 hr. Hotline) <http://sacramentona.org/>
- ▶ Cocaine Anonymous - 916-595-7910 <https://canorcal.org/>
- ▶ Marijuana Anonymous - 800-766-6779 <http://www.marijuana-anonymous.org/>
- ▶ Al Anon - 916-334-2970 <http://sacal-anon.blogspot.com/>
- ▶ Gamblers Anonymous - 855-222-5542 <http://www.gamblersanonymous.org/ga/node/1>
- ▶ Online Gamers Anonymous 612-245-1115 <https://www.olganon.org/home>

Crystal Meth Anonymous (CMA)
The Center-1927 L St. Sacramento, 95811
Fridays, 8 pm
Robert Salinas, 916-997-7011

ADS INITIATIVES



Get Involved !!

Methamphetamine Coalition

First Meeting May 9, 2019, Next Meeting Aug 5

Goals:

- Determine the nature and extent of the meth problem across County systems,
- Raise awareness and understand the impact of the meth use to other service systems and the community
- Review data from different systems in relation to meth to determine key points of impact
- Explore options and opportunities for increased treatment and service capacity
- Develop and recommend cross-system, data driven strategies, and response to this problem, and
- Provide updates to the methamphetamine strategic plan

For more information: 916-875-2050, DHS-ADS@saccounty.net

YOU'RE INVITED!

METHAMPHETAMINE COALITION

AUGUST 5, 2019 | 2 - 4 PM

GRANTLAND L. JOHNSON CENTER FOR HEALTH & HUMAN SERVICES
7001-A EAST PARKWAY CONFERENCE ROOM 1,
SACRAMENTO, CA 95823

Methamphetamine use and its effects to the person and the community is one the most serious problems facing Sacramento County. The impact associated with the use of methamphetamines is community-wide and has touched many systems resulting in devastating consequences to individuals and our communities.

The focus of this meeting will be to:

1. Raise awareness and understand the impact of meth use to persons experiencing homelessness
2. Review data from different groups that serve the homeless community
3. Develop and explore strategies in response to this problem

To register, please email: DHS-ADS@saccounty.net

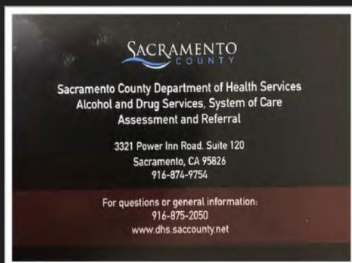
ADS INITIATIVES

Meth Campaign

- In Fiscal Year 2017-18, Sacramento County Alcohol and Drug Services collaborated with various contracted providers and prevention stakeholders to create the Methamphetamine Campaign which served to address methamphetamine use in Sacramento County. They have since distributed 1,500 postcards and rented 4 billboards.
- Billboards were placed around Sacramento and informational materials on how to access care distributed in the community

METHAMPHETAMINE PREVENTION MESSAGING

1,500 postcards distributed countywide.



4 billboards located countywide.



WHO WE ARE

The Sacramento County Opioid Coalition is a collaboration of healthcare professionals, community based organizations, law enforcement, County agencies, and concerned citizens determined to turn the tide of our local opioid epidemic.

OUR MISSION

We are committed to saving lives by preventing overdoses through expanding treatment access, promoting safe disposal, encouraging early intervention, treatment and recovery, enhancing opioid surveillance, and expanding public education and media outreach.

SUB-COMMITTEES

Engaging the Medical Community and Overdose Prevention	Early Intervention Treatment and Recovery	Public Education and Media	Safe Disposal
<ul style="list-style-type: none">• Develop and adopt Safe Prescribing Guidelines for local emergency departments, primary care physicians to reduce the percentage of opioid naive patients that are prescribed opioids.• Research and promote availability of alternative methods of pain management to healthcare insurers and providers.• Increase community access to naloxone.	<ul style="list-style-type: none">• Expand referral network of substance use disorder prevention and treatment providers.• Increase the number of x-waivered physicians.• Increase availability of medication-assisted treatment of opioid use disorder.• Reduce stigma associated with opioid addiction.• Improve treatment/recovery outcomes by creating seamless transitions within levels of treatment.	<ul style="list-style-type: none">• Educate community members about the dangers of opioid misuse.• Develop online resources for the public, providers, and patients and their families to access opioid use disorder treatment and alternative pain therapies.• Conduct outreach to stakeholders and policymakers on the local, state and national levels regarding opioid issues.	<ul style="list-style-type: none">• Educate the community on safe methods of medication disposal to protect the environment and avoid undue harm to others.• Participate and educate the public about the national DEA Drug Take-Back days.• Create and help to pass county ordinances for medication disposal.

To join the Sacramento County Opioid Coalition, contact us at:

@sacopioidcoalition info@sacopioidcoalition.org @sacopioidco

For more information, visit: sacopioidcoalition.org

Get
Involved !!

Alcohol and Drug
Services

916-875-2050

Next Meeting
Oct, 2019

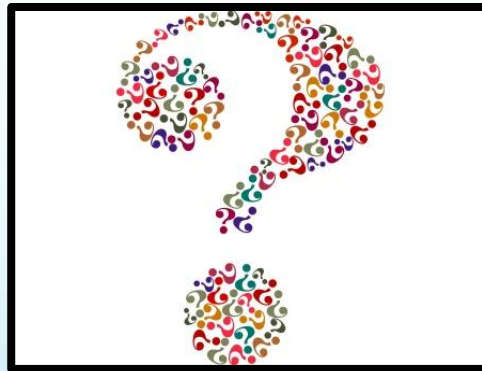
A TREATMENT IMPROVEMENT PROTOCOL

Behavioral Health Services for People Who Are Homeless

TIP 55



Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov • 1-877-SAMHSA • 1-877-477-4773



Touching Lives, Changing Lives, Saving Lives

***Lori Miller, LCSW
Alcohol and Drug Services Division Manager
916-875-2046
MillerLori@SacCounty.net***